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ORDER FORM FOR BROCHURES & FORMS Send requests to DPHHS-SLTC PO Box 4210 Helena MT 59604-4210 or Fax: 444-7743 Organization Name:____ Mailing Address: City/Zip:__ Email Address: Indicate the individual number desired in the space provided. **MASTER FORMS** MASTS Nutritional Assessment Form HOME & COMMUNITY BASED SERVICES (not available) Hiring In-Home Help- A Practical Guide for Consumers- Booklet Let's Learn Together - For Consumers & Assistants of Personal Assistance Services – Booklet Self-Directed Personal Assistance Services - Booklet ADRC/I&A Can Medicaid Help Me with My Nursing Home Bills? Brochure (SLTC-006) Long Term Care – Your Future is in Your Hands (packet) Montana Aging Service Network (map) Montana Lien & Estate Recovery (yellow) (SLTC-011) **Options Counseling Brochure** Lifespan Respite Brochure Lifespan Respite Voucher Program Brochure LEGAL Advance Directives Made Easy - Booklet Power of Attorney Made Easy - Booklet Legal Services Developer Program Brochure * * * Montana Legal Guide to Long Term Care Planning (2015-2017); packets available. Debt Made Less Difficult – Booklet

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	SHIP
	Medicare Savings for Qualified Beneficiaries (QMB/SLMB/QI)-Application
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***	Montana's Consumer Guide to Medicare Supplement Insurance
(not available)	Questions about Medicare – We Have Answers – Montana SHIP Brochure
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